

07/12/01



UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	35.C15567
First Named Inventor or Application Identifier	
KAZUHIRO SAITO ET AL.	
Express Mail Label No.	



APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Commissioner for Patents
Box Patent Application
Washington, DC 20231

- 1. Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)
- 2. Applicant claims small entity status.
See 37 CFR 1.27.
- 3. Specification Total Pages
- 4. Drawing(s) (35 USC 113) Total Sheets
- 5. Oath or Declaration Total Pages
 - a. Newly executed (original or copy)
 - b. Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 17 completed)
 - i. **DELETION OF INVENTOR(S)**
Signed Statement attached deleting inventor(s)
named in the prior application, see 37 CFR
1.63(d)(2) and 1.33(b).
- 6. Application Data Sheet. See 37 CFR 1.76

- 7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
- 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. CD-ROM or CD-R (2 copies); or
 - ii. paper
 - c. Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS	
9. <input type="checkbox"/>	Assignment Papers (cover sheet & document(s))
10. <input type="checkbox"/>	37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)
11. <input type="checkbox"/>	English Translation Document (if applicable)
12. <input type="checkbox"/>	Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
13. <input type="checkbox"/>	Preliminary Amendment
14. <input checked="" type="checkbox"/>	Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. <input type="checkbox"/>	Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. <input type="checkbox"/>	Other: _____

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

Continuation
 Divisional
 Continuation-in-part (CIP) of prior application No. ___/___
 Prior application information: Examiner _____ Group/Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label 05514
 (Insert Customer No. or Attach bar code label here) or Correspondence address below

NAME				
Address				
City	State	Zip Code		
Country	Telephone	Fax		

